GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:2100
ANSWERED ON:28.07.2017
Setting up of Hospitals in Rural and Tribal Areas
Giluwa Shri Laxman

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is a huge shortage of hospitals in rural/tribal areas in various States/UTs including Singhbhoom of Jharkhand;

(b) if so, the reaction of the Government thereto;

(c) whether the Government has made any efforts to open a Government hospital and medical college at Central level in such areas; and

(d) if so, the details thereof, State/UTwise and if not, the reasons therefor?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a) & (b): The State/UT-wise shortfall of Sub-centres, Primary health centre and Community Health Centres in the rural/tribal areas including the State of Jharkhand is placed as per Annexure-I & II. Details regarding Singhbhoom are not separately maintained. Public Health and hospitals being a State subject, the primary responsibility to provide accessible and quality health care services to the people including in tribal areas lies with State/UT Governments. To supplement the efforts of State Governments of improving the healthcare services, particularly in rural areas including tribal areas, support is provided to States/UTs under the National Health Mission (NHM). Such support is provided inter alia for setting up new /upgrading of existing public health facilities, based on requirements projected by the States in their Programme Implementation Plan.

All tribal majority districts whose composite health index is below the State average have been identified as High Priority Districts (HPDs) and these districts are expected to receive more resources per capita under the NHM as compared to the rest of the districts in the State. These districts also receive focused attention and supportive supervision. Norms for infrastructure, Human resource, ASHAs, MMUs etc. under NHM are relaxed for tribal and hilly areas.
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(c) & (d): The government is implementing a Centrally Sponsored Scheme for "establishment of new medical colleges by upgrading district/referral hospitals" with fund sharing between the Central Government and States in the ratio of 90:10 for NE/special category states and 60:40 for other states. The total cost of establishment of one Medical College under the scheme is Rs.189 crore.

58 districts in 20 States/UTs have been identified under this Scheme to establish new Medical Colleges attached with existing district/referral hospitals. Out of these, 55 have been approved till date. Funds to the tune of Rs.4357.42 crore have been released to the State/UT Governments for the approved districts under the Scheme. Under the Scheme, eight Medical Colleges i.e. at Port Blair, Andaman & Nicobar Islands; Rajnandgaon and Sarguja in Chhattisgarh; Gondia, Maharashtra; Nahan and Chamba in Himachal Pradesh and Baripada (Mayurbhanj) and Koraput in Odisha are already functional. The detail of fund released under the Scheme till date is at Annexure-III.

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